## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 1 OF 78 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed on	M / D D / Y D Y D Y
Full Name of Payee Date of Stephanie L Heun	Public Distribution/Dissemination
Mailing Address 8026 S Wilwood Dr Apt 101  Amount	
	40.00
	10.00 ction ID: 839363c5-c964-40dd-b Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type 001 08	M / D D / Y Y Y
Name of Federal Candidate Support Office Sought: House District: 00	
Ms. Kay Hagan	NC NC
Calendar Year-To-Date Per Election for Office Sought  Disbursement F 2014  Othe	For: Primary
Sue G Walker	
Mailing Address 3 Girard  Amount	
City State Zip Code	50.00
Fort Smith AR 72901 <b>Transact</b> Date of	tion ID : 711373e9-f8cc-4182-8 Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001  08	
Name of Federal Candidate Support Office Sought:	House District: 00
Mr. Mark L Pryor Oppose President	
Calendar Year-To-Date Per Election for Office Sought  Disbursement F 2014 Other	For: Primary X General er (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Ms. Emily Buchanan  [Electronically Filed] Date  Signature	29 / 2014